

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF CODES & STANDARDS
BUREAU OF CODE SERVICES
ASBESTOS CONTRACTOR/WORKER PROGRAM
P O BOX 816
TRENTON NEW JERSEY 08625-0816

ASBESTOS CONTROL AND LICENSING ACT, N.J.S.A. 34:5A - 32, ET SEQ.

APPLICATION FOR ASBESTOS LICENSE

EACH APPLICANT IS REQUESTED TO VOLUNTARILY PROVIDE HIS OR HER SOCIAL SECURITY NUMBER IN HIS OR HER LICENSE APPLICATION TO ASSIST THE COMMISSIONER IN THE ENFORCEMENT OF THE PROVISIONS OF N.J.S.A. 34:5A - 32 et seq.

EACH SOCIAL SECURITY NUMBER MAY BE USED AS AN IDENTIFIER IN THE COMMISSIONER'S COMPUTERIZED RECORDKEEPING SYSTEM TO AID IN THE PROCESSING OF LICENSE APPLICATIONS.

EACH SOCIAL SECURITY NUMBER COLLECTED SHALL REMAIN CONFIDENTIAL TO THE DEPARTMENT OF COMMUNITY AFFAIRS.

TYPE OR PRINT LEGIBLY IN INK, ANSWER ALL ITEMS AND PROVIDE DOCUMENTATION WHERE INDICATED ON FORM

COMPANY NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

2. PROVIDE A COPY OF YOUR COMPANY'S **CERTIFICATE OF INCORPORATION** (CORPORATE PAPERS). ALSO SUBMIT A COPY OF YOUR COMPANY'S **STANDING CERTIFICATE** WHICH MAY BE OBTAINED FROM THE NEW JERSEY DEPARTMENT OF TREASURY, OFFICE OF COMMERCIAL RECORDING (TELEPHONE NUMBER 609-292-9292). IF YOUR COMPANY IS OUT OF STATE, YOU **MUST** ALSO SUBMIT A CERTIFICATE OF AUTHORITY TO DO BUSINESS IN NEW JERSEY, OBTAINED FROM THE NEW JERSEY DEPARTMENT OF TREASURY, DIVISION OF REVENUE (TELEPHONE NUMBER 609-292-9292).

COMPANY IS A: _____ CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL

CORPORATION NUMBER: _____ DATE INCORPORATED: _____

NAME OF STATE YOU ARE INCORPORATED IN: _____

NAME/ADDRESS OF REGISTERED AGENT IN NEW JERSEY:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

3. YOUR COMPANY CONTACT PERSON: _____

YOUR COMPANY BUSINESS TELEPHONE: _____ EXT: _____
FAX NUMBER: _____

- 4A. PLEASE PROVIDE A RECENTLY DATED DOCUMENT AS **PROOF OF THE FEDERAL EMPLOYER IDENTIFICATION NUMBER** ASSIGNED TO YOUR COMPANY (EG. A RECENT COPY OF A FEDERAL IRS FORM 1120, FORM 8501 OR FORM 8109).

FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____

- 4B. **NEW JERSEY UNEMPLOYMENT INSURANCE REGISTRATION NUMBER:** _____

5. HOW LONG IN MONTHS AND YEARS HAS THE COMPANY BEEN IN EXISTENCE OR BEEN OPERATING UNDER ITS CURRENT COMPANY NAME?

YEARS: _____ MONTHS: _____

IF COMPANY NAME HAS CHANGED WITHIN THE PAST 2 YEARS, INDICATE FORMER NAME AND ADDRESS:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

6. IS COMPANY AN AFFILIATE OR A SUBSIDIARY OF ANY OTHER ORGANIZATION? ____ YES ____ NO

IF “YES”, LIST NAME (S) AND ADDRESS (ES) OF RELATED ORGANIZATION (S) AND RELATIONSHIP BELOW (ATTACH ADDITIONAL SHEET (S) IS MORE SPACE IS REQUIRED):

NAME (S)	ADDRESS (ES)	RELATIONSHIP

7. LIST **ALL** OWNERS, PARTNERS, SHAREHOLDERS (10% OR MORE), OFFICERS, AND DIRECTORS OF THE COMPANY (ATTACH ADDITIONAL SHEET (S) IS REQUIRED):

NAME AND HOME ADDRESS	OFFICE/TITLE	SOCIAL SECURITY	%OWNERSHIP	DATE OF BIRTH

8. IF YOU ANSWER “YES” TO ANY OF THE QUESTIONS IN THIS SECTION, YOU **MUST** PROVIDE A DETAILED STATEMENT TO FULLY EXPLAIN THE CIRCUMSTANCES AND ATTACH STATEMENT TO APPLICATION.

WITHIN THE PAST 2 YEARS HAS/IS THE COMPANY OR ANY OF THE PARTIES IDENTIFIED IN SECTION 7:

- A.

BEEN A PARTY IN LITIGATION INVOLVING LAWS GOVERNING HOURS OF LABOR, MINIMUM WAGE STANDARDS, PREVAILING WAGE RATE, CHILD LABOR OR DISCRIMINATION IN WAGES?
____ YES ____ NO
- B.

BEEN CHARGED WITH OR CONVICTED OF ANY CRIMINAL OFFENSE, OTHER THAN A MINOR MOTOR VEHICLE VIOLATIONS? ____ YES ____ NO
- C.

BEEN SUBJECT TO, OR HAS PENDING, ANY DISCIPLINARY ACTION (S) OR CITATION (S) OR VIOLATION (S) BY AN ADMINISTRATIVE, GOVERNMENTAL, OR REGULATORY AGENCY, INDLUDING, BUT NOT LIMITED TO OSHA, EPA AND DEP? ____ YES ____ NO
- D.

NOW SUBJECT TO ANY ORDER RESULTING FROM ANY CRIMINAL, CIVIL OR ADMINISTRATIVE PROCEEDINGS BROUGHT AGAINST SUCH COMPANY, PERSONS, OR PARTIES BY ANY ADMINISTRATIVE, GOVERNMENTAL, OR REGULATORY AGENCY? ____ YES ____ NO
- E.

BEEN DENIED ANY LICENSE OR HAD IT SUSPENDED OR REVOKED BY ANY ADMINISTRATIVE, GOVERNMENTAL OR REGULATORY AGENCY? ____ YES ____ NO
- F.

BEEN INFORMED OF ANY CURRENT OR ON-GOING INVESTIGATION WITH RESPECT TO POSSIBLE VIOLATIONS OF SUCH COMPANY, PERSONS, OR PARTIES OF STATE OR FEDERAL SECURITIES, ANTI-TRUST, OR CRIMINAL LAWS? ____ YES ____ NO
- G.

DISBARRED, SUSPENDED, OR DISQUALIFIED FROM CONTRACTING WITH ANY FEDERAL, STATE, OR MUNICIPAL AGENCY? ____ YES ____ NO
- H.

A DEFENDANT IN ANY CIVIL OR CRIMINAL LITIGATION? ____ YES ____ NO

9. FOR THIS SECTION, THE APPLICANT **MUST** SUBMIT A COPY OF HIS/HER CERTIFICATE OF INSURANCE STIPULATING THE NAME OF THE COMPANY’S INSURANCE CARRIER, THE POLICY NUMBER AND THE POLICY PERIOD UNDER WHICH THE ENTIRE **NEW JERSEY WORKERS’ COMPENSATION** OBLIGATIONS ARE INSURED, **AND** WHICH SPECIFIED THE NJ DEPARTMENT OF COMMUNITY AFFAIRS (ASBESTOS CONTRACTOR/WORKER PROGRAM), AND THE NJ DEPARTMENT OF HEALTH & SENIOR SERVICES, (CONSUMER & ENVIRONMENTAL HEALTH SERVICES), AS **CERTIFIED HOLDERS**. **WORKER’S COMPENSATION INSURANCE FOR STATES OTHER THAN NEW JERSEY IS NOT ACCEPTABLE.**

10. WITHIN THE PAST 5 YEARS OF THE FILING OF THIS APPLICATION, ACCURATELY INDICATE THE TOTAL NUMBER OF SUCCESSFULLY COMPLETED ASBESTOS ABATEMENT PROJECTS ON WHICH THE COMPANY WAS EMPLOYED AS EITHER A CONTRACTOR OR SUB-CONTRACTOR.

NUMBER OF PROJECTS: _____

PROVIDE A LIST OF ALL NEW JERSEY ASBESTOS ABATEMENT PROJECTS THE COMPANY HAS COMPLETED WITHIN 5 YEARS OF THE FILING TO THIS APPLICATION (ATTACHMENTS MAY BE REQUIRED).

PROJECT NAME: _____

PROJECT LOCATION: _____ CITY: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____ CITY: _____

DATE (S) OF PROJECT: _____ DURATION OF PROJECT: _____

TYPE OF ASBESTOS WORK PERFORMED ON PROJECT: _____

PROJECT NAME: _____

PROJECT LOCATION: _____ CITY: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____ CITY: _____

DATE (S) OF PROJECT: _____ DURATION OF PROJECT: _____

TYPE OF ASBESTOS WORK PERFORMED ON PROJECT:

PROJECT NAME:

PROJECT LOCATION: _____ CITY: _____

NAME OF OWNER:

ADDRESS OF OWNER: _____ CITY: _____

DATE (S) OF PROJECT: _____ DURATION OF PROJECT: _____

TYPE OF ASBESTOS WORK PERFORMED ON PROJECT: _____

PROJECT NAME: _____

PROJECT LOCATION: _____ CITY: _____

NAME OF OWNER:

ADDRESS OF OWNER: _____ CITY: _____

DATE (S) OF PROJECT: _____ DURATION OF PROJECT: _____

TYPE OF ASBESTOS WORK PERFORMED ON PROJECT:

PROJECT NAME: _____

PROJECT LOCATION: _____ CITY: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____ CITY: _____

DATE (S) OF PROJECT: _____ DURATION OF PROJECT: _____

TYPE OF ASBESTOS WORK PERFORMED ON PROJECT:

11. IDENTIFY A COMPANY PRINCIPAL OR A COMPANY JOB SUPERVISOR WHO HAS SUCCESSFULLY COMPLETED A “SUPERVISORS TRAINING COURSE” IN ASBESTOS ABATEMENT THAT HAS BEEN CERTIFIED BY THE COMMISSIONER OF HEALTH OF THE STATE OF NEW JERSEY AND HAS BEEN ISSUED A VALID PERFORMANCE PERMIT WITH A **SUPERVISORY** DESIGNATION **(SUBMIT A PHOTOCOPY OF THE SUPERVISORY PERMIT).**

12. **RESPIRATORY PROTECTION**

ATTACH AS A SEPARATE DOCUMENT YOUR COMPANY’S WRITTEN STANDARD OPERATING PROCEDURE MANUAL GOVERNING THE SELECTION AND USE OF RESPIRATORS. THE PROCEDURE MANUAL **MUST** MEET OSHA STANDARDS 29 CFR 1910.1001 AND 29 CFR 1926.1101 REQUIREMENTS FOR A MINIMAL ACCEPTABLE RESPIRATORY PROGRAM AND **MUST INCLUDE AS A MINIMUM** THE FOLLOWING ITEMS:

- A. RESPIRATOR SELECTION ON THE BASIS OF THE HIGHEST HAZARD TO WHICH THE WORKER IS EXPECTED TO BE EXPOSED.
- B. INSPECTION AND TRAINING PROCEDURE ON THE PROPER USE OF RESPIRATORS, THEIR LIMATIONS, AND PROPER FITTING.
- C. EMPLOYEE ASSIGNMENT PROCEDURE.
- D. RESPIRATOR CLEANING AND DISINFECTING SCHEDULE.
- E. RESPIRATOR STORAGE PROCEDURE.
- F. RESPIRATOR INSPECTION AND MAINTENANCE PROCEDURE.
- G. WORK AREA SURVEILLANCE, EMPLOYEE EXPOSURE, AND STRESS MONITORING PROCEDURE.
- H. RESPIRATOR PROGRAM EVALUATION PROCEDURE.
- I. MEDICAL SURVEILLANCE OF EMPLOYEES USING RESPIRATORS (IE., USER’S ABILITY TO USE RESPIRATORS).
- J. APPROVED RESPIRATOR SELECTION LIST – AS PART OF THIS SECTION, YOUR COMPANY MUST INCLUDE THE MAKES, MODELS AND TC APPROVAL NUMBERS FOR ALL RESPIRATORY PROTECTION SPECIFICALLY USED BY YOUR COMPANY.

13. **ADDITIONAL PERSONAL PROTECTIVE EQUIPMENT**

WHAT OTHER PERSONAL PROTECTIVE EQUIPMENT, IN ADDITION TO RESPIRATORS, IS TO BE PROVIDED TO EMPLOYEES WHO ARE INVOLVED IN ASBESTOS ABATEMENT PROJECTS? (IE. INCLUDE A LISTING OF THE PERSONAL PROTECTIVE EQUIPMENT TO BE SUPPLIED TO EMPLOYEES DURING ASBESTOS ABATEMENT).

14. **ENGINEERING METHODS AND CONTROLS**

ATTACH A SEPARATE AND DETAILED SECTION ON THE ENGINEERING METHODS AND CONTROLS THAT YOUR COMPANY USES IN ASBESTOS ABATEMENT TO COMPLY WITH PERMISSIBLE EXPOSURE LIMITS (PELS).

15. **COMPANY EQUIPMENT**

PROVIDE A SEPARATE ATTACHMENT WHICH LISTS ALL OF YOUR COMPANY-OWNED EQUIPMENT SPECIFICE TO ASBESTOS ABATEMENT (IE. NEGATIVE AIR FILTRATION UNITS, RESPIRATORS, SPRAYERS, HEPA VACUUMS, ETC.). YOU **MUST** PROVIDE PROOF OF OWNERSHIP (IE. PAID COMPANY INVOICES, CANCELLED CHECKS, ETC.) AND THE FOLLOWING INFORMATION WHERE APPROPRIATE.

- A. MAKE AND DESCRIPTION OF THE EQUIPMENT ITEM
- B. MODEL AND SERIAL NUMBER OF THE EQUIPMENT ITEM
- C. SIZE (IE. CFM CAPACITY)
- D. QUANTITY OF EQUIPMENT ITEM

THERE ARE TWO (2) TYPES OF LICENSES GRANTED WHICH SHALL BE EITHER AN “A” LICENSE OR A “B” LICENSE:

AN "A" TYPE LICENSE SHALL PERMIT THE EMPLOYER TO PERFORM **ANY** TYPE OF ASBESTOS WORK IN NEW JERSEY AND REQUIRES PROOF OF OWNERSHIP OF A MINIMUM OF THE FOLLOWING TYPES OF EQUIPMENT: TWO (2) HEPA VACUUMS; TWO (2) NEGATIVE AIR FILTRATION UNITS HAVING A 2000 CFM CAPACITY FOR EACH UNIT; TEMPORARY LIGHTING, GROUND FAULT INTERRUPTERS, GENERATORS AND EMERGENCY EQUIPMENT.

A "B" TYPE LICENSE SHALL **ONLY** PERMIT THE EMPLOYER TO **REMOVE** ASBESTOS CONTAINING MATERIAL FROM MECHANICAL SYSTEMS, SUCH AS PIPES, BOILERS, DUCTS, FLUES OR BREECHINGS. A "B" TYPE LICENSE REQUIRES PROOF OR OWNERSHIP OF A MINIMUM OF THE FOLLOWING TYPES OF EQUIPMENT: ONE (1) HEPA VACUUM; ONE (1) NEGATIVE AIR FILTRATION UNIT; TEMPORARY LIGHTING, GROUND FAULT INTERRUPTERS, GENERATORS, AND EMERGENCY EQUIPMENT.

PLEASE INDICATE THE TYPE OF LICENSE YOUR COMPANY IS SEEKING TO OBTAIN (CHECK ONE):

TYPE "A"

TYPE “B”

16. WORK PRACTICES

ATTACH A SEPARATE AND DETAILED SECTION ON YOUR COMPANY'S SPECIFIC WORK PRACTICES EMPLOYED TO MINIMIZE DUST GENERATION AND DISPERSAL. YOUR COMPANY'S WORK PRACTICES SHOULD DISCUSS IN DETAIL EACH OF THE FOLLOWING ITEMS:

- A. INITIAL WORK-SITE AREA PREPARATION
- B. PROPER METHODS OF REMOVAL AND HANDLING FOR LARGE, SMALL AND MINOR ASBESTOS ABATEMENT PROJECTS
- C. DECONTAMINATION PROCEDURES
- D. HOUSEKEEPING
- E. FINAL CLEAN-UP OF WORK-SITE AREA
- F. LIMITED CONTAINMENT REMOVAL
- G. ENCAPSULATION
- H. ENCLOSURE
- I. EMERGENCY PROCEDURES FOR FIRE, INJURY AND EVACUATION
- J. ELECTRICAL SYSTEMS LOCKOUT AND TEMPORARY POWER IMPLEMENTATION
- K. FLOORING ABATEMENT
- L. SIDING AND ROOFING ABATEMENT FOR DEMOLITION OF STRUCTURE WORK ONLY
- M. MANDATORY NOTIFICATION**

PURSUANT TO N.J.A.C. 8:60-7 AND N.J.A.C. 5:16-7, AS AMENDED APRIL 3, 1995 THE LICENSEE WHO PLANS TO PERFORM ASBESTOS WORK IN NEW JERSEY MUST SUBMIT IN WRITING A NOTIFICATION OF INTENT TO PERFORM SUCH WORK TO BOTH THE NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES AND THE NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS. THIS MANDATORY NOTIFICATION MUST BE SUBMITTED AT LEAST TEN (10) CALENDAR DAYS PRIOR TO THE BEGINNING OF SUCH ASBESTOS WORK..

INDICATE IN WRITING IN THE BODY OF YOUR COMPANY’S APPLICATION THAT YOUR COMPANY WILL COMPLY WITH THIS REQUIRMENT AND INCLUDE A DETAILED POLICY AND PROCEDURE WHICH ADDRESSES HOW COMPLIANCE WILL BE ACHIEVED.

17. DANGER SIGNS AND DANGER LABELS

DESCRIBE YOUR COMPANY'S PRACTICES EMPLOYED CONCERNING BOTH DANGER SIGNS AND DANGER LABELS. DISCUSS DISPLAY AND LOCATION REQUIREMENTS, CONTENT, AND VISIBILITY.

18. WASTE HANDLING AND DISPOSAL

ATTACH A SEPARATE AND DETAILED SECTION ON YOUR COMPANY'S SPECIFIC PRACTICES AND PROCEDURES WHICH REFERENCE EACH OF THE FOLLOWING.

- A. HOW YOUR COMPANY HANDLES ASBESTOS WASTE ON-SITE.
- B. HOW YOUR COMPANY HANDLES ASBESTOS WASTE OFF-SITE.
- C. PROVIDE DETAILED NOTIFICATION PROCEDURES SPECIFIC TO NEW JERSEY
- D. PROVIDE THE CONTENT OF NOTIFICATION LETTERS.

**** FOR ITEMS 19 AND 20 DO NOT SUBMIT ACTUAL EXPOSURE OR MEDICAL RECORD DATA FOR INDIVIDUAL EMPLOYEES AS PROOF OF COMPLIANCE WITH 29 CFR 1910.1001 AND 29 CFR 1926.1101.**

19. WORKER ASBESTOS EXPOSURE DATA

SUBMIT FOR EACH SECTION BELOW ANY PERTINENT AND ACCEPTABLE DOCUMENTATION AND EVIDENCE INCLUDING TIME-WEIGHTED AVERAGES (TWA’S), ENVIRONMENTAL DATA, RECORD LOCATION, COMPANY STATEMENT, WHERE INDICATED, AND ADMINSTRATIVE FORMS. EVEN IF YOUR COMPANY HAS **NOT** PERFORMED ANY ASBESTOS WORK TO DATE, YOU **MUST** INCLUDE A DETAILED POLICY AND PROCEDURE STATEMENT FOR **EACH** OF THE FOLLOWING SECTIONS. EVEN IF YOUR COMPANY HAS **NOT** SELECTED A MONITORING FIRM (ITEMS “E” AND “F” BELOW), YOU **MUST** SO INDICATE THAT IN WRITING IN THOSE SECTIONS.

- A. LOCATION OF EXPOSURE DATA
- B. COMPANY PROCEDURE FOR EMPLOYEES’ ACCESS TO RECORDS
- C. METHOD OF NOTIFICATION IN EXCESS OF EXPOSURE LIMITS
- D. ESTABLISHMENT OF TIME-WEIGHTED AVERAGES
- E. NAME AND ADDRESS OF PERSON/ORGANIZATION WHICH HAS OR WILL PERFORM AIR SAMPLING
- F. NAME AND ADDRESS OF LABORATORY WHICH PERFORMS ANALYSIS
- G. NAME FOR LABORATORY METHOD USED

20. MEDICAL EXAMINATIONS

SUBMIT FOR EACH SECTION BELOW ANY PERTINENT AND ACCEPTABLE DOCUMENTATION AND EVIDENCE INCLUDING PAYMENT RECEIPTS, ADMINISTRATIVE FORMS, AND A COMPANY STATEMENT OF RECORD LOCATION WHERE APPLICABLE. STATEMENTS SUCH AS, “ALL APPLICABLE EPA AND OSHA REQUIRMENTS WILL BE MET” OR “HAVE BEEN MET” WILL **NOT BE ACCEPTABLE** AS ADEQUATE PROOF OF COMPLIANCE. IF YOUR COMPANY HAS **NOT** YET SELECTED A MEDICAL GROUP, YOU **MUST** INDICATE THAT FOR ITEM “A” BELOW.

- A. NAME OF PARTICIPATING MEDICAL GROUP
- B. WHAT IS THE CONTENT OF MEDICAL EXAMINATIONS
- C. LOCATION OF MEDICAL RECORDS
- D. LENGTH OF MEDICAL RECORD RETENTION
- E. POLICY PROCEDURES, CONTENTS, AND FREQUENCY OF INITIAL EXAMINATION AND CONSULTATION
- F. POLICY PROCEDURES AND CONTENTS OF PERIODIC EXAMINATION AND CONSULTATION

21. APPLICANT STATEMENT – PLEASE READ THE STATEMENT BELOW THOROUGHLY AND MAKE SURE YOU HAVE SIGNED AND DATED THE APPLICATION.

AS THE RESPONSIBLE APPLICANT-EMPLOYER I UNDERSTAND THAT THE INFORMATION CONTAINED IN THIS APPLICATION FOR LICENSE IS ACCURATE, TRUE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I ALSO UNDERSTAND THAT IS SUCH INFORMATION CONTAINED IN THIS APPLICATION IS FALSE, THAT THE APPLICANT-EMPLOYER IS SUBJECT TO THE PENALTY PROVISIONS OF PUBLIC LAW 1984, CHAPTER 173, AS AMENDED AND SUPPLEMENTED BY PUBLIC LAW 1994, CHAPTER 21.

I ALSO UNDERSTAND THAT THIS APPLICATION IS SUBJECT TO VERIFICATION AND THAT I AGREE TO PROVIDE ANY ADDITIONAL DOCUMENTATION AS REQUIRED. FOR THE SAME PURPOSE I ALSO UNDERSTAND THAT OUTSIDE SOURCES MAY BE CONTACTED AND THAT I DO HEREBY GIVE PERMISSION FOR DISCLOSURE OR ANY INFORMATION WHICH MAY BE NEEDED TO DETERMINE LICENSE APPLICATION VALIDITY AND/OR ELIGIBLITY.

I ALSO UNDERSTAND THAT FAILURE TO PROVIDE FULL AND TIMELY DISCLOSURE OF ANY OF THE REQUESTED OR REQUIRED INFORMATION OR DOCUMENTATION MAY RESULT IN REJECTION OF THIS APPLICATION FOR LICENSE UNDER REVIEW.

I AM AUTHORIZED TO SIGN FOR AND IN BEHALF OF PERSON (S) LISTED UNDER ITEM 7 OF THIS APPLICATION FOR LICENSE.

- * A FEE OF \$1000.00 MUST BE SUBMITTED WITH THIS APPLICATION FOR LICENSE.
- ** A FEE OF \$100.00 MAY BE SUBMITTED FOR EACH ADDITIONAL DUPLICATE REQUESTED.
- * * * CHECK OR MONEY ORDER PAYABLE TO “TREASURER STATE OF NEW JERSEY”.

_____ SIGNATURE	_____ NAME AND TITLE (TYPE OR PRINT)	_____ DATE
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